
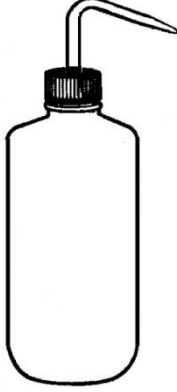



**LABIAPLASTY/HYMENOPLASTY
POST-OPERATIVE INSTRUCTIONS**

Patient Name: _____

Birthdate: ____/____/____ MR #: _____

1. Obtain the following items from a local pharmacy a few days before surgery:

		
<p>RING CUSHION</p>	<p>PLASTIC SQUIRT BOTTLE WITH NOZZLE</p>	<p>HIBICLENS ANTIMICROBIAL SKIN CLEANSER</p>

- Sit on the ring cushion whenever you sit for the first seven days after surgery.
- Fill the squirt bottle with 1 part Hibiclens to 20 parts water. Use this solution to rinse the surgical site after bowel movements and urination for the first fourteen (14) days after surgery. Avoid touching the area with fingers when possible to decrease risk of infection. When using toilet tissue, do not rub on the stitches.
- DO NOT under any circumstances or for any reason pull or tug on the skin anywhere near the stitches.
- DO NOT apply ice packs on the stitches unless you have been instructed to do so by Dr. _____.
- You may shower and gently wash the vaginal area with the bottle of Hibiclens solution or mild soap and water. NO bathtub or swimming for the first six (6) weeks. NOTHING is to be inserted into the vagina for the first six (6) weeks.
- Contact the office within one week of your procedure to schedule a post-operative visit.
- Refrain from sexual relations for six (6) weeks.

Patient's acknowledgment of receipt of instructions:

Patient's Signature

____/____/____
Date